Addressing the Opioid Crisis: An Update

Senate Health & Long Term Care Committee

November 15, 2018
Presenters

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STATE OF WASHINGTON
OFFICE OF THE GOVERNOR

Washington State Department of Health

Washington State Health Care Authority

WSMA | Washington State Medical Association
Physician Driven, Patient Focused
Jason McGill
Governor’s Office

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Health Care Authority
Opioid-Related Overdose Deaths 2000–2017*

- Earlier this year we saw an overall decline – but now we are experiencing an increase driven by synthetic opioids/Fentanyl – much of it is probably illicit/counterfeit.
- Good news: We are experiencing a nearly 50%, now sustained, decline in Rx use.

Source: DOH Death Certificates (Note: prescription opioid overdoses exclude synthetic opioid overdoses)
*Data for 2017 are preliminary as of 8/23/2018.
Executive Order: Strong State Opioid Response Plan – Plan Just Updated

**Priority Goals**

- **Goal 1:** Prevent opioid misuse & abuse
  - Prevent misuse in youth & improve prescribing practices
- **Goal 2:** Treat opioid use disorder
  - Expand access to treatment
- **Goal 3:** Reduce morbidity & mortality
  - Distribute naloxone to heroin users
- **Goal 4:** Use data to monitor & evaluate
  - Optimize and expand data sources

**Gaps:**

1. **Prevention**
   - Schools
   - Public Health
2. **Treatment**
   - Pregnant and parenting women
   - Criminal justice involved
   - Community behavioral health system
3. **Recovery supports**

**Priority Actions**

Source: [https://www.doh.wa.gov/YouandYourFamily/PoisoningandDrugOverdose/OpioidMisuseandOverdosePrevention](https://www.doh.wa.gov/YouandYourFamily/PoisoningandDrugOverdose/OpioidMisuseandOverdosePrevention)
<table>
<thead>
<tr>
<th>Task</th>
<th>Lead</th>
<th>Partners</th>
<th>Expected Outcome</th>
<th>Status</th>
<th>Due Date</th>
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<tbody>
<tr>
<td>Implement HB 1427</td>
<td>DOH / B&amp;Cs</td>
<td>Agency Medical Directors’ Groups</td>
<td>New pain rules, Prescribing reports</td>
<td>In Progress</td>
<td>This Fall</td>
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<tr>
<td>• Develop prescribing rules</td>
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<tr>
<td>• Use PMP data to improve prescribing</td>
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<tr>
<td>Implement State Targeted Response grant (18 projects); new State Opioid Response grant &amp; State funding</td>
<td>DSHS</td>
<td>HCA, UW ADAO, DOC, DOH</td>
<td>Improved access to treatment and decrease overdose deaths</td>
<td>In Progress; Hub and spokes statewide; public campaign begun</td>
<td>STR grant ends April 2019; SOR grants begins soon</td>
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<tr>
<td>• Expand Hub &amp; Spoke</td>
<td></td>
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<td></td>
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<tr>
<td>• Implement public education campaign</td>
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<tr>
<td>Implement Prescription Drug Overdose grant</td>
<td>DSHS</td>
<td>UW ADAO, DOH</td>
<td>Increased use of naloxone use by first responders and the public</td>
<td>In Progress</td>
<td>Grant ends Sept 2021</td>
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<td>• Provide overdose education</td>
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<td></td>
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<tr>
<td>• Purchase/distribute naloxone</td>
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<td>Criminal Justice Work Group and develop work plan</td>
<td>DSHS</td>
<td>CJ, DOC, AG, Jails, HIDTA, ADAI, Juvenile Justice</td>
<td>Increased use of evidence-based treatment</td>
<td>Plan completed; working on leg. &amp; DP</td>
<td>Potential policy &amp; 2019-21 Budget</td>
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<td>Support Accountable Communities of Health with opioid-related transformation projects</td>
<td>HCA</td>
<td>DSHS, DOH</td>
<td>Increase MAT and decrease overdose deaths</td>
<td>In Progress</td>
<td>Plans due Nov 2017</td>
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<tr>
<td>Non-pharmacological treatment for pain (collaborative care; CBT/PT OT; chiropractic; acupuncture; massage etc.)</td>
<td>HCA</td>
<td>Professions, LNI</td>
<td>Literature review and assessment of evidence for recommendation for new services in Medicaid</td>
<td>Review finished; decision package</td>
<td>2019-21 Budget</td>
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</table>
Years of Good Work in Our State re: Safe Opioid Prescribing and Reducing the Supply

Associations join forces to tackle opioid addiction and overdose in Washington state

- Opioid prescribing rules
- ER for emergencies initiative
- Dental prescribing guidelines
- Prescribing metrics
- Provider feedback reports
- Prescribing limits for Medicaid clients and state employees
- Raising awareness about non-opioid alternatives
- Offering tele-pain consulting to providers
- Launching youth prevention programs
- Opioid criminal justice and drug/gang task forces
- Legal action against opioid manufacturer
- Eliminating pill mills

News release
Thursday, December 21, 2017

HCA to implement opioid clinical policy for Uniform Medical Plan on Jan. 2

New policy meant to help prevent opioid misuse and addiction
Efforts Working to Reduce Rx: Painkiller Use Down by 8th, 10th, 12th Graders

Q. *Use a painkiller to get high, like Vicodin, OxyContin or Percocet, in last 30 days?*

Source: WA State Healthy Youth Survey provided by BHA-DSE
Treatment Coverage for Medicaid Clients With Opioid Use Disorder by Accountable Communities of Health, 2016, Shows Significant Gap

- SW Washington
- Pierce
- Olympic
- North Sound
- North Central
- King
- Greater Columbia
- Cascade Pacific
- Better Health

- Receiving methadone or buprenorphine
- Not receiving methadone or buprenorphine

Number of patients with OUD

SOURCE: Health Care Authority Provider One
Many People in Washington Are Not Getting Treatment

How interested are you in reducing or stopping your opioid use?

- 51% strongly interested
- 21% somewhat interested
- 8% not very interested
- 20% not interested

What types of help would you want if they were easy to get?

- 56% medication treatment
- 39% detox
- 34% individual counseling for addiction

Source: UW Alcohol and Drug Abuse Institute, WA State Drug Injector Health Survey, 2017
How Are We Addressing Access to Treatment?
Answer: WA State Hub and Spoke Opioid Treatment Network

Nurse care manager helps patients and providers coordinate care, reduce barriers and, improve overall health

- Spokes - Clinic Treatment Med. Maintenance
- Spokes - SES Treatment Med. Maintenance
- Spokes - Mobile unit Treatment Med. Maintenance

Treatment decision making- ongoing
Care navigation- ongoing

Priority populations: Pregnant and parenting women & justice involved

REFERRALS FROM Community outreach staff
REFERRALS FROM Recovery Helpline
Federal required metrics show our Hub and Spoke Opioid Treatment Networks are outperforming goals.

- Over 3,221 people in treatment
- Proof of concept proven – we must expand statewide
- Full report available
Legislature expanded Hub and Spoke Opioid Treatment Networks to Cover Entire State

Contracts have just been finalized for 5 new Hubs, each with a minimum of 5 spokes

New Hubs include:
- Comprehensive Healthcare – Yakima
- Ideal Option – Everett
- MultiCare Health System – Spokane
- Olympic Peninsula Health Services – Port Hadlock
- Providence NE Washington Medical Group – Colville
What Are Medication for Opioid Use Disorders?

**Methadone**
Delivered by Opioid Treatment Providers (OTPs)

**Buprenorphine**
Delivered by providers in office-based practice & OTPs

**Naltrexone**
Delivered by providers in office-based practice
Growth in Medication Prescribing for Opioid Use Disorder Among Medicaid Clients

SOURCE: Provider One client Eligibility tables (HCA) & Client Outcomes Database (DSHS RDA).
Note: Excludes dual eligibles and persons with third-party liability; includes all Medicaid eligibles in the year with Medication assisted treatment (MAT)
Our current treatment focus areas

- Braided funding and cross-agency, multisector work has resulted in a four-fold increase in the number of persons accessing medication for opioid use disorder.

- Through this work, treatment gaps have been particularly noticeable in two populations:
  - Pregnant or parenting persons
  - Criminal justice system-involved persons
Pregnant and Parenting Persons

Dramatic increase in U.S. rate of opioid use disorder identified at labor and delivery

Washington State rates of neonatal abstinence syndrome also rising

Statewide NAS average incidence: 7.4 per 1,000 births

https://www.cdc.gov/mmwr/volumes/67/ww/mm6731a1_w
Maternal Stays with an Opiate-Related Diagnosis: High- and Low-Rate Regions
2012–14 Combined
WA and OR Inpatient Discharge Data

Map showing regions with high and low rates of maternal stays with opiate-related diagnoses.
Current Programs for Pregnant and Parenting Persons

- **Parent-Child Assistance Program (PCAP)**
  - 3 year home visitation model
  - Care managers provide linkage, support, transportation, and referral to treatment
  - *Increased support from Legislature with 2018 budget*

- **Pregnant Parenting Women (PPW)**
  - Residential substance use disorder treatment services
  - Housing support services
  - Therapeutic intervention for children
  - *Working on legislative proposal*
An Extremely Vulnerable Population

- Parent-Child Assistance Program
  - During 2014–2017:
    - 1,234 enrolled and only 165 left (moved, disengaged, requested to leave)
  - 110 women were on waiting list
  - 74% had been beaten by a partner
  - 64% were abused as children
  - 44% had unstable housing
  - 38% were beaten while pregnant
  - 29% had CPS involvement when they were children
  - Average Adverse Childhood Experiences score: 5.4

Source: Washington State Dept. of Health
Improving Outcomes for Pregnant and Parenting Persons

**Gaps**

- Clinical support for providers
- Access to integrated care
  - Implement best practices through pregnancy, labor, and delivery
  - Access to post-partum contraception
- Increase access to services across the state
- Increase wrap around services
- Increase family involvement
- Work to standardize child removal/re-unification practices

**Strategies**

- Pass opioid bill to update language around treatment and to recognize OUD as a medical condition
- Consider targeted investments to increase the reach of and support to persons who are pregnant or parenting
Criminal Justice System-Involved Persons

- Risk of overdose death from opioids highest in the first two weeks after release, up to 40 times higher.
- Medication treatment reduces overdose-related death, reduces recidivism, and improves treatment retention.
- Recent survey of 33 of Washington’s 65 jails:
  - 14 provide opioid treatment medication for continuation, management of withdrawal symptoms, or induction.
  - Fairly uniform interest across sample in implementing treatment, but limitations exist due to resource constraints.
Current DOC and JRA Programs/Initiatives

**DOC: Re-entry work release and violator programs**
- 6 prisons currently
- Shared decision making/warm hand-offs
- Naloxone
- 2,300 screens
- 1,300 enrolled
- 7/17–8/18

**DOC: Care for Offenders with OUD Releasing from Prison**
- Expedited Medicaid enrollment
- Outreach 265
- Enrolled 106
- Warm hand-offs
- Naloxone

**JRA: Bridge to Recovery**
- Evidence-based juvenile rehabilitation model
- Wrap-around and transition services/education/jobs
- 3 sites
- 57 unduplicated clients
Improving Outcomes for Criminal Justice System-Involved Persons

Gaps

- Statewide access to treatment at release
- Access to external health records
- Continue building linkages to community prescribers
- Accurate information about treatment options/naloxone
- Continuation of treatment in all settings
- Access to induction in all settings
- Housing/jobs
- Gender appropriate services

Strategies

- Advocate for passage of opioid bill to recognize OUD as a medical condition; working on budget proposals for transition services and LEAD programs
- Identify and advocate for funds to increase jail’s and DOC’s ability to treat with opioid treatment medications
### Federal Opioid Laws and Budget

<table>
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<th>Year</th>
<th>Description</th>
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| **2016** | • Comprehensive Addiction and Recovery Act (CARA)  
           • 21\textsuperscript{st} Century Cures Act (Cures Act) |
| **2017** | • Federal budget for FY 18 includes $2 billion funding boost |
| **2018** | • Federal budget for Health and Human Services for FY 19 includes $136M funding increase with a total of $4.335 billion for opioid related funding.  
           • H.R. 6 – “Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act” (“SUPPORT for Patients and Communities Act”). |
| **2019** | • Congress will have to appropriate through annual budget process to fund many of the grants authorized by the 2018 SUPPORT for Patients and Communities Act, so funding would not likely occur until FY 2020. |
Summary of ‘SUPPORT’ for Patients and Community Act

- **Supports people in treatment and recovery**
  - Reauthorizes STAR grants
  - Creates new grant programs for community opioid recovery centers
  - Lifts MAT cap from 100 to 275 and establishes grant program to help providers
  - Makes permanent the prescribing authority for PAs and ARNPs
  - Authorizes nurse specialists, certified nurse midwives, and nurse anesthetists to prescribe MAT
  - Expands grant program for first responders
  - Supports research for non-opioid treatment for chronic pain
  - Expands Medicare coverage to include OTPs for delivering MAT (expands telehealth/ECHO model)

- **CMS:**
  - Determines best practices (e.g. use of recovery coaches)
  - Issues guidance for Medicaid telehealth SUD services reimbursement
  - Creates “plan of safe care” for babies born dependent to opioid drugs
  - Issues grants to support people in recovery with employment and housing

- **Authorizes IMD exclusion for SUD**

- **Directs HHS to study behavioral health info sharing rules (42 CFR 2) (legislation needed)**
Other Support Act Highlights

Public health
- Pilot project for public health laboratories to detect fentanyl and other synthetic opioids
- Efforts to reduce illicit Fentanyl from entering the country by closing U.S. Postal Service loopholes, requiring foreign packages to reveal contents
- Connects treatment and education for Hepatitis C
- Requires Medicaid providers to check PDMPs prior to prescribing a controlled substance and encourages providers to integrate PDMP into workflow by October 1, 2021
- Pilot program to help individuals in recovery become stably housed

Workforce
- Loan repayment for SUD treatment workforce in mental health professional shortage areas
- First responder training (increased to $36 million annually)
- Demonstration project to increase substance use provider capacity under Medicaid
  - HHS Secretary would award gaps totaling $50 million to at least 10 states to assess current provider capacity, identify gaps in treatment, and develop strategies to increase capacity.

Source: Washington State Dept. of Health
$11,790,256 per year for 2 years, 2017-2019 ($23,580,512 total)

Prevention
1. Prescriber/provider education
2. University of Washington TelePain
3. Public education campaign
4. Safe storage curricula & training
5. Prevention workforce enhancements
6. Community Prevention and Wellness Initiative (CPWI) expansion
7. Analysis of evidence-based practices
8. Community enhancement grants

Treatment
1. Hub & Spoke
2. Mobile OTP van
3. Low-barrier buprenorphine pilot
4. PathFinder peer project
5. Tribal treatment
6. Treatment payment assistance
7. DOC treatment decision re-entry services & COORP
8. Bridge to Recovery (JRA)
9. Naloxone distribution
10. Prescription Monitoring Program
State Targeted Response Grant Highlights

- Starts with one statewide public education campaign implemented, including Tribal adaptation. Over 35,000 website views.
- 5 new Community Prevention Wellness Initiative communities. Over 3000 youth and families served.
- 6 Hub and spoke opioid treatment networks established. More than 3,200 new MAT patients served.
- Dept. of Corrections re-entry staff conduct opioid use disorder treatment decision making
- Substance Use Disorder Peers providing outreach to homeless encampments and hospital emergency rooms. 441 individuals enrolled, 125 received MAT services.
2018 State Budget Opioid Investments

- Over $10 Million dedicated to implementing State Opioid Response Plan

- State funds
  - Scales Hub and spoke opioid treatment networks statewide
  - Expands Parent child assistance program (PCAP)
  - MAT prescriber rate increase
  - Substance use disorder peer recovery supports

- Directs use of federal substance abuse block grant
  - Community prevention and wellness communities
  - Drug take-back strategies
  - Naloxone
  - MAT provider directory and public education campaign
  - Tribal prevention, treatment, Naloxone
State Opioid Response Grant

- Up to $21,260,403 per year for 2 years ($45,520,806 total) (PENDING)

Prevention
- CPWI expansion
- Community enhancement grants
- Prescriber education trainings
- Opioid summit
- Starts with One
- Naloxone distribution program

Treatment
- Opiate Treatment Network (OTN)
- OTN TA/Training
- MAT treatment assistance
- Tobacco cessation and cross-addiction training
- Tribal prevention and treatment grants to 14 tribes
- TDM and COORP

Recovery Support
- OUD and MAT training to community recovery support services
- Client-directed recovery support services
- Peer recovery support staff
Other Notable Work

- Leg-funded recovery helpline improvements track MAT provider capacity
  - Real time with 2-1-1 system (operational ~December 2018)*
- Statewide multi-media campaign to promote helpline (Jan. 2019)
- Grant program for Tribal-specific strategies to treatment and prevention
- Drug take-back program public messaging and supports
- Youth drug prevention funding in schools/high need areas
- Substance use disorder peer support counseling and recovery services
- Statewide electronic emergency (EMS) data system to report overdoses and near overdoses, and to connect with peer recovery
- Prescription Monitoring Program improvements to integrate with electronic health systems and provider feedback reports
- County pilot program for substance use disorder diversion from the criminal justice system

*FYI: For help with addiction, contact the Washington Recovery Helpline at 1–866–789–1511 or visit https://www.warecoveryhelpline.org/
Reconsider 2018 Legislation (HB 2489/SB 6150) (Passed House unanimously but ran out of time in Senate)

Consider investments for serious gaps – treatment for pregnant and parentings women and justice-involved
Other items: non-pharm Medicaid services, PMP integration, and connections w/community behavioral health system

- Takes next steps for prevention and recovery
  - Concentrates youth prevention in high-needs areas
  - Requires patient notification of opioid prescriptions (now in new proposed rules)
  - Uses EMS near-overdose response; connects with peer supports
  - Ensures more access to Naloxone with statewide standing order
  - Develops rapid-response team for areas experiencing overdoses
  - Requires drug and gang task force coordination
  - Plans for better use of non-pharmacological treatment for pain

- Focuses on treatment for people with opioid use disorder
  - Sets up statewide community hub & spoke opioid treatment networks
  - Increases Medicaid rate (to Medicare level) paid to providers to treat people
  - Updates clinical terminology in statute, removes stigma
  - Requires state Medicaid waiver for treatment while people are incarcerated
  - Funds services for people while incarcerated to reduce recidivism

- Requires metrics, reporting
Kathy Lofy
Department of Health
Engrossed Substitute House Bill 1427 (2017)

- Opioid prescribing rules
  - Cover prescription limits for acute pain, PMP checks, and threshold for consultation
  - Nursing Commission, Osteopathic Board and Podiatric Medical Board rules effective November 1, 2018
  - Medical Commission rules will be effective January 1, 2019
  - Dental Commission meeting in December to further discuss rules
- Recently sent prescribing feedback reports to “outliers”
- Working with WSMA and WSHA to begin disseminating prescribing feedback reports to chief medical officers
- Piloting prescriber overdose notifications using Emergency Department Information Exchange and Prescription Monitoring Program
Fewer People are Receiving Opioid Prescriptions

Source: Prescription Monitoring Program (https://www.doh.wa.gov/DataandStatisticalReports/HealthDataVisualization)
Note: Tramadol became a controlled substance in August 2014.
Patients with Concurrent Opioid and Sedative Prescriptions

Source: Prescription Monitoring Program (https://www.doh.wa.gov/DataandStatisticalReports/HealthDataVisualization)

Note: Age-and sex-adjusted rate per 1000 population who receive one or more days of overlapping opioid and sedative prescriptions in a quarter
Prescription Monitoring Program Queries Are Increasing

PMP Queries and Controlled Substance Prescriptions by Calendar Year

- Series1
- Series2
- Series3
- Series4

[Graph showing data for years 2012 to 2018, with estimated data for 2018]
Shared problem of pain

CMS HOSPITAL VALUE-BASED PURCHASING PROGRAM

PAIN MANAGEMENT

NURSE COMMUNICATION

DOCTOR COMMUNICATION

OVERALL HOSPITAL RATING

PATIENT SATISFACTION

HOSPITAL CLEANLINESS AND QUIETNESS

HOSPITAL STAFF RESPONSIVENESS

DISCHARGE INFORMATION

MEDICINE COMMUNICATION

Press Govey: Patient Satisfaction Measures

State pushes drug that saves money, costs lives

The Fifth “Vital Sign”
Complying with Pain Management Standard PC.01.02.07

Michael J. Berens
Seattle Times staff reporter

Up the deaths and you see the story.
Assign a dot to each person who has died in Washington by federally overseeing an metha- a commonly prescribed drug to treat chronic pain. Since

2003, there are 2,173 of these dots. That alone is striking, a graphic illustration of an ongoing epidemic.
But it's the clusters that pop out — the concentration of dots in places with lower incomes.
Even then, whose residents earn less than the state average, has 99 dots. Bellevue, with more people and more money, has eight. Work-
in-p-p class Port Angeles has 46 dots. Mercer Island, upscale and more

seattletimes.com/methadone
The opioid epidemic

Opioid-related Disease Burden in WA

- Deaths: 612
- Opioid Overdose Hospitalizations: 1,552
- Opioid Substance Abuse Treatment Admissions: 13,215
- Persons 12+ years who use prescription opioids non-medically: 259,000

2. Washington Hospital Discharge Data, Comprehensive Hospitalization Abstract Reporting System (CHARS) and Oregon State Hospital Discharge Data, 2014.
Variations in prescribing practices exist

Table 6: **Number of pills by specialty, youth age 14–19**: Means, medians, and selected quantiles of the number of tablets dispensed per prescription to children age 14–19 with acute opioid prescriptions between July 1 and December 31, 2015 ($N = 33,835$).

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<th>Provider specialty</th>
<th>N</th>
<th>mean</th>
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<td>40.0</td>
<td>90.0</td>
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Acute Opioid Prescriptions: Continued Use by Initial Days of Therapy

From: MMWR. 2017 Mar 17; 66(10):265-269
WSMA/WSHA’s Role in Addressing the Opioid Crisis

- WSMA/WSHA Opioid Taskforce – advanced legislation and developed multiple initiatives in collaboration with DOH and HCA
  - New prescribing guidelines
  - Feedback reports – start with Medicaid, state-wide in 2019
  - Increased access to MAT and Naloxone
  - Partnering with ACHs

- Collaborative efforts built off the successful ER for Emergency program
NEW HCA Prescribing Policy

- New opioid prescribing policies
- Exemption criteria
- Leveraging data/feedback reports
Acute Use

- Only short-acting opioids will be approved for acute use unless an exemption is requested.
- Limits apply as follows (unless an exemption is requested):
  - Children (under 21) are limited to 18 doses (pill or liquid) (about a 3 day supply)
  - Adults (21 and over) are limited to 42 doses (pill or liquid) (about a 7 day supply)
Washington Opioid Reports

- Providers respond to feedback and adjust behavior when confronted with valid evidence
- Reports distributed on quarterly basis
- Provider led program proving successful

18 pills < 20 years old  
42 pills > 20 years old
# Washington Opioid Reports

- Look at percentage of non-compliant scripts
- Adjust prescriptions to comply with the guidelines

<table>
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<tr>
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<th>Pediatrics</th>
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Dear Provider:

On behalf of the Washington State Medical Association and Washington State Hospital Association Joint Taskforce on Opioids, thank you for your continued participation in Washington Opioid Reports; a public-private partnership working to reduce the utilization of controlled substances and encourage safe prescribing habits. I want to take a moment to congratulate you on your quality performance!

You have outperformed (1 Standard Deviation better than the average) colleagues in your specialty on the specific metric of compliance rate with the HCA’s acute pain prescribing policy (in summary maximum 18 doses for under 20 years old, 42 doses for adults). We appreciate your work to prescribe within the guidelines and ensure that we are not overprescribing addictive medications in our community. The variance report is attached here if you wish to review where you perform in comparison to others in your specialty on this metric.

If you have additional questions or concerns about the program, please feel free to avail yourself of the resources at the joint taskforce webpage. Additional questions or concerns can be addressed to myself or our administrative leader. Thank you again for your leadership on this important issue.

Best,

[Signature]
Status

27 Participating systems

- Cascade Medical Center
- CHC Snohomish County
- CHI Franciscan Health
- Confluence
- Evergreen Health Monroe
- Grays Harbor Community Hospital
- Jefferson Healthcare
- Kadlec Regional Medical Center
- Klickitat Valley Health Family Medicine
- Legacy Salmon Creek
- Mason General Hospital
- MultiCare
- North Olympic Healthcare Network
- Northshore Medical Group

- Olympic Medical Center
- Overlake Medical Center
- Peace Health
- Providence (partial)
- Rockwood Clinic (MultiCare)
- Seamar
- Snoqualmie Valley Hospital
- Swedish Medical Group
- The Everett Clinic
- Trios Health
- UW Medical Center
- UW Valley Medical
- Virginia Mason Memorial

17,462+ enrolled prescribers
Big numbers!

- Reduction in Noncompliant Scripts \(\downarrow 67.2\%\)
- Reduction in Total Scripts \(\downarrow 29.8\%\)
What is driving change?

- Community effort
- Empowers providers to be part of the solution
- We handle all administrative burden
Our Next Steps

- Continue to onboard medical groups and systems
- Add metrics on MED and co-prescribing
- Work with ACHs to integrate in required opioid response
- Integrate Prescription Drug Monitoring Program data
Where the Legislature Can Help

**Prescribing**
- Support Better Prescribing, Better Treatment
- PMP EHRs Integration (e.g. Oregon)
- Expand non-opioid treatment options

**Treatment**
- Reduce MAT/Naloxone Barriers
- Build treatment capacity
Thank you!
Questions?

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